

CARUS CHEMICAL FIRE INCIDENT ACTION PLAN



LaSalle, Illinois
DATE: 12 January 2023
0800 -2000 Hours

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Carus Chemical Fire	2. Operational Period: Date From: 12 Jan 2023 Date To: 12 Jan 2023 Time From: 0800 Time To: 2000											
3. Objective(s): <ul style="list-style-type: none"> Maintain the safety of firefighters, other personnel, and the public as the highest priority through the incident. Maintain control and possession of the site and provide fire protection to any required areas. Maintain and develop partnerships and relationships with response staff, cooperators, the local communities and stakeholders with effective and timely dialogue, meetings, and comprehensive information sharing. Minimize impacts to natural resources. Foster an atmosphere free of discrimination, sexual harassment, and other forms of inappropriate behavior. Provide initial attack immediate response within the response area. 												
4. Operational Period Command Emphasis: Safety of all Personnel. Do not enter the fire building. Decon all personnel and equipment												
General Situational Awareness This was a chemical fire involving a strong alkaline substance. Injuries have occurred and your vigilance is required. Be aware of water collecting in your boots as it will not dilute the alkaline and can cause chemical burns to your feet. Injury will occur before you feel discomfort. Personal hygiene is a MUST; do not eat, drink or smoke until you have washed your hands. Do not enter any building unless an operation has been approved due to the existence chemical hazards.												
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:												
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 202</td> <td><input checked="" type="checkbox"/> ICS 206</td> <td rowspan="5" style="vertical-align: top;"> Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents
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7. Prepared by: Name: Daniel J. Ellis Position/Title: PSC2 Signature:												
8. Approved by Incident Commander: Name: Chief Janick Signature:												
ICS 202	IAP Page 2	Date/Time: 12 Jan 2023 0200 Hrs										

ORGANIZATION ASSIGNMENT LIST (ICS 203)


1. Incident Name: Carus Chemical Fire		2. Operational Period: Date From: 12 Jan 2023 Time From: 0800 Date To: 12 Jan 2023 Time To: 2000	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Jerry Janick / Brian VanVickle	Chief	Tim O'Keefe
		Deputy	
Deputy		Staging Area	
Safety Officer	Kyle Hill / Dave Saitta	Branch	
Public Info. Officer	Brett Badar	Branch Director	
Liaison Officer	Brian Bressner 815-712-7291	Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
IEMA	Kathy Spilman / Steve Buita	Division/Group	
IL EPA	Eric Borys	Division/Group	
US EPA	Robert Kondreck	Division/Group	
LaSalle County EMA	Fred Moore	Branch	
LaSalle Police	Chief Zmudzinski	Branch Director	
Carus LLC	John Stewart	Deputy	
5. Planning Section:		Division/Group	
Chief	Dan Ellis	Division/Group	
Deputy		Division/Group	
Resources Unit	Ryan Ellis	Division/Group	
Situation Unit	Jeff Althoff	Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Matt Cordonnier	Division/Group	
Deputy	Tyler Carls	Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit			
Ground Support Unit		8. Finance/Administration Section:	
Service Branch		Chief	John Ducan
Director		Deputy	
Communications Unit	Kevin Lalley / John Girone	Time Unit	
Medical Unit		Procurement Unit	
Food Unit		Comp/Claims Unit	
		Cost Unit	
9. Prepared by: Name: Ryan Ellis Position/Title: ResL Signature: <i>Ryan Ellis</i>			
ICS 203	IAP Page 3	Date/Time: 12 Jan 2023	

ASSIGNMENT LIST (ICS 204)

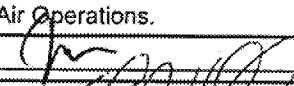
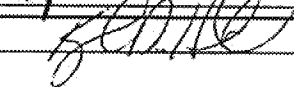
1. Incident Name: Carus Chemical Fire		2. Operational Period: Date From: 12 Jan 2023 Date To: 12 Jan 2023 Time From: 0800 Time To: 2000		3. Branch: Division: Group: FIRE RESPONSE Staging Area:																																											
4. Operations Personnel: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; text-align: left;"><u>Name</u></th> <th style="width: 40%; text-align: left;"><u>Contact Number(s)</u></th> </tr> <tr> <td>Operations Section Chief: Tim O'Keefe</td> <td>815-509-5620</td> </tr> <tr> <td colspan="2">Branch Director: _____</td> </tr> <tr> <td colspan="2">Division/Group Supervisor: MABAS 13 Chief Leek</td> </tr> </table>				<u>Name</u>	<u>Contact Number(s)</u>	Operations Section Chief: Tim O'Keefe	815-509-5620	Branch Director: _____		Division/Group Supervisor: MABAS 13 Chief Leek		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																			
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5. Resources Assigned: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Resource Identifier</th> <th style="width: 25%;">Leader</th> <th style="width: 10%;"># of Persons</th> <th style="width: 40%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> </tr> </thead> <tbody> <tr><td>Taskforce 1</td><td></td><td></td><td></td></tr> <tr><td>St Charles Engine</td><td></td><td>4</td><td></td></tr> <tr><td>North Aurora Engine</td><td></td><td>4</td><td></td></tr> <tr><td>Big Rock Engine</td><td></td><td>4</td><td></td></tr> <tr><td>Aurora Truck</td><td></td><td>4</td><td></td></tr> <tr><td>Aurora Ambulance</td><td></td><td>2</td><td></td></tr> <tr><td>Batavia Ambulance</td><td></td><td>2</td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>				Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Taskforce 1				St Charles Engine		4		North Aurora Engine		4		Big Rock Engine		4		Aurora Truck		4		Aurora Ambulance		2		Batavia Ambulance		2													
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6. Work Assignments: Respond as requested for a fire response within the City of LaSalle including the Carus Chemical site. Decon personnel and equipment. Do not enter the contaminated area. Respond to requests for auto aid or mutual aid from LaSalle FD.																																															
7. Special Instructions: Illinois Valley Regional Dispatch 815-223-2141 <table style="width: 100%; font-size: small;"> <tr> <td>Weather: Days</td> <td>Cloudy</td> <td>High of 37 degrees</td> <td>Wind out of the N 15-20 mph</td> <td>Chance of rain 5%</td> <td>Sunrise 0721 Hours</td> </tr> <tr> <td>Evening</td> <td>Cloudy</td> <td>Low of 28 degrees</td> <td>Wind out of the NNW 15-25 mph</td> <td>Chance of flurries 5%</td> <td>Sunset 1648 Hours</td> </tr> </table>						Weather: Days	Cloudy	High of 37 degrees	Wind out of the N 15-20 mph	Chance of rain 5%	Sunrise 0721 Hours	Evening	Cloudy	Low of 28 degrees	Wind out of the NNW 15-25 mph	Chance of flurries 5%	Sunset 1648 Hours																														
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8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;"><u>Name/Function</u></th> <th style="width: 60%; text-align: left;"><u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u></th> </tr> <tr> <td>Tactical / Fire Suppression</td> <td>FG Red</td> </tr> <tr> <td>Fire Dispatch / Il Valley Dispatch</td> <td>151.355</td> </tr> <tr> <td>/</td> <td></td> </tr> <tr> <td>/</td> <td></td> </tr> </table>						<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>	Tactical / Fire Suppression	FG Red	Fire Dispatch / Il Valley Dispatch	151.355	/		/																																	
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9. Prepared by: Name: Daniel J. Ellis Position/Title: PSC Signature:																																															
ICS 204		IAP Page 4		Date/Time: 12 Jan 2023 0200 Hours																																											

PAGE 5


COMMUNICATIONS PLAN										ICS 205	
Incident Name		CARUS Chemical Fire		Operational Period		JAP Page 5					
Incident Number				Date 44937		Time		0000 hrs			
No	Function	Assignment	System	Zone / Bank	Channel / Talk Group	Rx Freq N or W	Rx Tone N or W	Tx Freq N or W	Tx Tone N or W	Monitored in ICP/UCP	Comments
1	Command									Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Support	Logistics								Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Tactical	Suppression			FG Red					Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Tactical	Haz Mat			FG Blue					Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Tactical	Decon		47-498-590	FG White					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6	Tactical	Damage Assessment			VTAC14					Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Tactical	Security		15-830-260	IL Valley Disp					Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Staging	Staging			IFERN	154.265		154.265		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9										Yes <input type="checkbox"/> No <input type="checkbox"/>	
10										Yes <input type="checkbox"/> No <input type="checkbox"/>	
11										Yes <input type="checkbox"/> No <input type="checkbox"/>	
12										Yes <input type="checkbox"/> No <input type="checkbox"/>	
13										Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Fire Dispatch	IL Valley Dispatch			Fire Dispatch	151.355	136.5 PL	151.355	136.5 PL	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15	Police Dispatch	IL Valley Dispatch			PD Dispatch	154.815	114 DPL	154.815	114 DPL	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Instructions											

Prepared by:	COML J. GILNE	Signature:		Date	1/11/2023	Time	20:11
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MEDICAL PLAN (ICS 206)

1. Incident Name: Carus Chemical Fire		2. Operational Period: Date From: 1/12/23 Time From: 0800 Date To: 1/12/23 Time To: 2000					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Bloomington Medic 5	Sterling @ 8th	FG Blue 154.295 PL 91.5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Bloomington Medic 5	Sterling @ 8th Street - Medic 5	FG Blue 154.295 PL 91.5	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Division 6	1227 5th Street, LaSalle - XXXX	FG Blue 154.295 PL 91.5	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OSF Lifeflight	Peoria, IL	309-624-2301	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
St. Margaret's Health - Peru	925 West Street, Peru, IL 61354	815-223-3300		2 mins	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OSF St. Elizabeth	1100 E. Norris Dr., Ottawa, IL 61350	815-433-3100		20 mins	<input type="checkbox"/> Yes Level: _____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OSF St. Anthony	5668 E State Street, Rockford, IL 61107	815-226-2000	20 mins	60 mins	<input checked="" type="checkbox"/> Yes Level: 1 <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OSF St. Francis	530 NE Glen Oak Ave, Peoria, IL 61637	309-655-2000	20 mins	60 mins	<input checked="" type="checkbox"/> Yes Level: 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: Firefighters exiting the hotzone should be decontaminated and medically evaluated.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: Jeff Althoff, SitL Signature: 							
8. Approved by (Safety Officer): Name: Kyle Hill Signature: 							
ICS 206		IAP Page 7		Date/Time: 1/11/22 @ 1946			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Carus Chemical Fire	2. Operational Period: Date From: 1/12/23 Date To: 1/12/23 Time From: 0800 Time To: 0800
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: <p>The most significant safety issue at this incident is exposure to any chemicals or runoff from fire suppression activities. Post extinguishment, there is little risk for respiratory exposure, however, all firefighting activities should be performed while using SCBA. All firefighting gear should be worn while operating within the fenced-in perimeter of the facility. All personnel that have been working inside the fenced-in perimeter, must go through the decontamination area. Hi-vis safety vests and head protection should be worn by all on-site support staff that are not engaged in firefighting activities.</p> <p>Contact with the material will cause burns to the skin, eyes and mucous membranes. Signs of exposure to chemicals include reddening or discoloration of the skin, irritation to the eyes, and difficulty breathing. In case of contact with the skin, remove contaminated clothing and flush with plenty of water. If contact with eyes, removed contact lenses and flush with plenty of water for up to 15 minutes. In case of shortness of breath, move to fresh air and provide supplemental oxygen as needed.</p> <p>All injuries should be reported to EMS personnel for further treatment and transportation. Any personnel requiring transport to a medical facility should be accompanied by a copy of the Safety Data Sheet (SDS) of the suspected chemical involved in the exposure. EMS personnel can be located at 8th Street and Sterling Street.</p> <p>Rest periods should be provided for all personnel working on site.</p> <p>Report all injuries to the Safety Officer.</p> <p>The weather overnight will see a low of 36 degrees fahrenheit with 100% humidity. Winds 5-15 MPH N with some fog. Although there is a only a slight chance of rain, personnel should be aware of slick spots due to wet surfaces. Warm clothing should be worn to avoid hypothermia.</p>	
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:	
5. Prepared by: Name: Kyle Hill Position/Title: IMAT Safety Signature:  ICS 208 IAP Page 3 Date/Time: 1/11/2023 / 2040 hours	



ACTIVITY LOG (ICS 214)

[illegible]